



Mobile Device Request

Please complete and return this form to the Information Technology Department. A City-issued mobile device will be provided to an employee only with approval by his/her Department Head.

Employee Information:

First Name	Middle Initial	Last name
Department		Job Title
Business Number	Employee Number	

If New Employee: (Please have new employee stop to IT Dept. to obtain their City ID Badge)

Start Date	Building	Office
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New Mobile Device Requested: ☐ Mobile Phone ☐ Smart Phone ☐ Tablet

Model Requested (if known): _____

Asset Tag of Existing Equipment: _____

Mobile Plan Requested: ☐ New ☐ Change to existing plan for phone number: _____

☐ Keep existing plan for phone number: _____

☐ Basic Plan (calls only)

☐ plus 250 text messages per month or ☐ plus unlimited text messages per month

☐ Data Plan (calls, plus unlimited emails, data & text messages)

Accessories Requested: Please describe any accessories requested (Chargers, cases, holster, etc.):

Justification: Please provide an explanation as to why this mobile device is necessary for this employee.

Authorization of Dept. Head: _____

Signature

Printed Name

Date



City of Chicopee
Information Technology Department

For Internal Use Only

Authorization -IT Dept. Head:

Signature

Printed Name

Date

Asset Tracking Information:

☐ Employee currently in or/added to WASP

☐ Equipment checked out to Employee

Phone Type: _____

Serial Number: _____

Asset Tag Number: _____

SIM Number: _____

MEID: _____

Other requests:

Request Completed By:

Printed Name

Date